

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

JAMES EDWARD COOK JR 3611478  
Western Regional Jail  
1 O'hawton Place  
Barboursville, WV 25504  
(Enter above the full name of the plaintiff or plaintiffs in this action). (Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 3:20-cv-00011  
(Number to be assigned by Court)

Brian Greenwood  
Acting Administrative -  
Hearding Examiner  
(Parole Services)  
(Enter above the full name of the defendant or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendants:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county);

\_\_\_\_\_

3. Docket Number:

\_\_\_\_\_

4. Name of judge to whom case was assigned:

\_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

\_\_\_\_\_

6. Approximate date of filing lawsuit:

\_\_\_\_\_

7. Approximate date of disposition:

\_\_\_\_\_

II. Place of Present Confinement:

Western Regional Jail

A. Is there a prisoner grievance procedure in this institution?

Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

C. If your answer is YES:

1. What steps did you take?

Contacted Attorney,  
Parole Officer And Adult Parole Services

2. What was the result?

No Result or Action  
given

D. If your answer is NO, explain why not:

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff:

(3611478)  
JAMES EDWARD COOK JR.

Address:

(LRTJ) 1 O'hanna place, Barboursville, WV 25504

B. Additional Plaintiff(s) and Address(es):

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Brian Greenwood (Hearing Examiner)  
 is employed as: Adult Parole Services  
 at 1356 Hansford Street, Suite B  
Charleston, West Virginia 25301

D. Additional defendants: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On December 5th 2019 A  
hearing took place to determine  
Parole Revocation for James  
Edward Cook Jr #3611478. By Facts  
Proven and self Admitance by Adult  
Parole Authority As well as the  
whole hearing was recorded. All Facts  
Proved James Edward Cook Jr 3611478



IV. Statement of Claim (continued):

innocent. BRIAN Greenwood ignored  
And claimed probable cause with  
no evidence to validate guilt or  
Actions given to revoke parole. All  
evidence proves complete innocence  
And there is zero evidence to  
prove guilt in any way. Full  
hearing is recorded to prove the  
facts of innocence.

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

Immediate withdrawal of probable  
cause. finding to the facts  
of innocents And immediate  
Release from confinement. And  
Apology And financial reimbursement  
of 25 thousand dollars for  
unjust incarceration And for  
unjust punishment And hardship  
caused by this.

V. Relief (continued)):

---

---

---

---

---

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

---

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_

No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

---

---

If not, state your reasons:

State produced legal  
Counsel Raymond Nolan Attorney.

- C. Have you previously had a lawyer representing you in a civil action in this court?

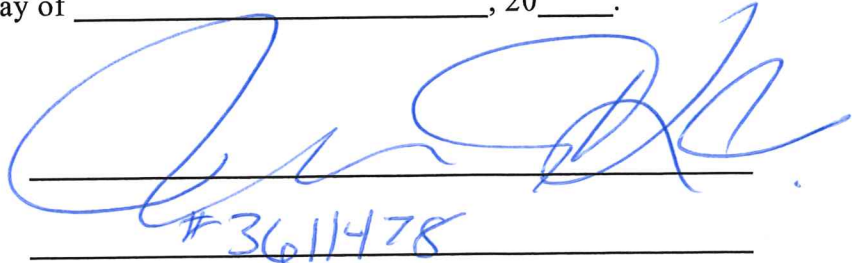
Yes \_\_\_\_\_

No ☒

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

  
#3611478

\_\_\_\_\_  
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on JANUARY 2<sup>nd</sup> 2020.  
(Date)

  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)